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23601

7590

03/22/2004

CAMPBELL & FLORES LLP- McDermott Will & Emery LLP

4370 LA JOLLA VILLAGE DRIVE

7TH FLOOR

SAN DIEGO, CA 92122

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/780,576

02/09/2001

Olivier Civelli

P-UC-1530
066718.0114

1610

TITLE OF INVENTION: METHODS OF IDENTIFYING AN ADP-GLUCOSE RECEPTOR LIGAND, AGONIST OR ANTAGONIST

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

YES

\$665

\$300

\$965

06/22/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
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LL, RUIXIANG

1646

435-007100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 McDermott Will & Emery LLP

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The Regents of the University
of California

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Oakland, California

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual☒ corporation or other private group entity☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies Fifteen (15)

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502624 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

June 22, 2004

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07/23/2004 HDEMESS2 00000136 502624 09780576

01 FC:2501

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02 FC:1504

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